Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble
Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: **West Virginia**
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name(s): **West Virginia Children's Health Insurance Program**

SCHIP Program Type:
____Medicaid SCHIP Expansion Only
__X__Separate SCHIP Program Only
____Combination of the above

Reporting Period: **Federal Fiscal Year 2001 (10/1/2000-9/30/2001)**

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Submission Date: January 4, 2002

(Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002) Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This section has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

A. Program eligibility

WV expanded program eligibility by increasing the income limits from 150% to 200% FPL effective October 16, 2000.

B. Enrollment process

Effective September 1, 2001, WV contracted with a new agent, Automated Health Systems (AHS), to manage its CHIP call center. Improvements made through the new call center include:

- **Quickly verifies eligibility for the applicant through viewer access to the WVDHHR RAPIDS system;**
- **Completes the application by telephone with the assistance of trained staff in an average of four minutes or less;**
- **Mails preprinted application with the information provided by the applicant to their address within 24 hours;**
- **Offers Spanish and some other translation services as well as TDD services (assistance for the hearing impaired);**
- **Provides names and lists of participating providers in enrollees' locale.**

C. Presumptive eligibility

N/C

D. Continuous eligibility

WV CHIP began 12-month continuous eligibility effective October 16, 2000. WV Medicaid began 12-month continuous eligibility effective May 1, 2001.

E. Outreach/marketing campaigns

WV began more aggressive marketing through radio and television advertising throughout FFY 2001. This has included:

- **A general statewide radio campaign from 11/2000 through 2/2001 in the state's major population markets;**
- **Another radio campaign targeted to women in the 18-40 age group was run in the more rural markets in 6/2001;**
- **A television advertising campaign featuring country/pop singer and WV native, Kathy Mattea. In a media purchase of about $200,000, television stations were required to bid paid spot time with unpaid spots. This resulted in a value of about $350,000 of television advertising in an intensive campaign of 12,000 spots being shown during the months of July and August 2001.**

Call center surveys for at least 3 months following the campaign, show that these television spots were the most frequently reported way applicants heard about the program.

- **Prior to this year, most outreach for WV CHIP had occurred primarily (if not exclusively) through the efforts of the WV Healthy Kids Coalition (WVHKC). This coalition is a group of community organizations (with Robert Wood Johnson funding for the "Covering Kids" Project) acting as partners to improve the health of all WV children. WV CHIP has begun working in close partnership with WVHKC and contracted with them in June 2001, to provide an additional outreach presence in those few remaining WV counties where there had been none.**
- **Governor Bob Wise has been a vigorous promoter of CHIP. Over this past summer, the Governor visited 15 of the state's 55 counties going door to door with volunteers passing out information about CHIP in some of WV's more rural counties.**
- **WV CHIP created an eye-catching new logo to develop program visibility and recognition with the general public and is now using it on all its printed materials and promotional items.**
- **The website's address was shortened from its longer original address to make it more easily remembered by the general public. It is now www.wvchip.org . Information on website has been expanded to include: 1) Summary of benefits 2) Listing of WV Healthy Kids Coalition, WV Primary Care, and Family Resource Network, Outreach Coordinators available by County.**

E. Eligibility determination process
N/C

F. Eligibility redetermination process

- **In September 2001, WV CHIP and staff for WVDHHR eligibility policy and systems (Office of Family Support and RAPIDS) developed a plan to expand the redetermination notice period from 35 to 60 days to improve re-enrollment response. Actual implementation began 11/2001.**
- **In September 2001, WV CHIP directed its call center agent, AHS, to begin telephoning any family who has not responded to the initial notice after 45 days. The actual implementation was in October 2001.**

G. Benefit structure
N/C

H. Cost-sharing policies
WV CHIP requires co-pays for families above 150% to 200% FPL. Co-payments range from $15 - $35 for outpatient visits and $5 - $10 for generic and brand drugs respectively. Co-payments are billed and collected through the health care providers. No co-pays apply to preventive services, vision, or dental care services.

I. Crowd-out policies
N/C

J. Delivery system
N/C

K. Coordination with other programs (especially private insurance and Medicaid)
WV CHIP participated with WV Medicaid Primary Care Outreach Project in which outreach coordinators in 35 primary care centers throughout WV have used the joint Medicaid/CHIP application form to enroll Medicaid children. The project director reports that since the April start-up, 452 Medicaid children were enrolled and 539 children in CHIP, for a total of 991 additional children through project efforts. The director also believes the numbers may be 10% to 15% higher than stated due to some tracking issues.

L. Screen and enroll process

N/C

M. Application
In April 2001, WV CHIP made some minor changes to the instructional part of our application, such as including the annual as well as the monthly income limits for qualifying.

N. Other
N/C

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered low-income children.

A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information.
A revised Lewin study in June 2001, estimated there were 28,000 eligible uninsured children in West Virginia.

B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.
In State FY 2001, 8,790 children were enrolled in WV Medicaid due to the joint application used to determine applicant eligibility for Medicaid or CHIP.

C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.
In West Virginia's efforts to reduce the number of uninsured low-income children, eligibility was expanded to 200% FPL and an additional 9,412 children were enrolled by September 30, 2001, after the expansion date of October 16, 2000.
•US Census Bureau 2000 profiles (Table QT-01) show the WV child population under age 19 to be 401,890 children. Recent 2001 census estimates that 50.5% or 202,954 of these children are at or below 200% FPL. WV's combined CHIP and Medicaid programs carried an active enrollment of 83% of these 203,000 or so children on 9-30-2001. The total number enrolled in both programs during this past federal fiscal year was 189,036 or an estimated 93% of the eligible population. We believe this represents substantial progress, but we will re-evaluate it against WV's survey of the uninsured and other health access issues entitled "Health Care in West Virginia Survey". Overall results of this survey are expected in January, 2002 (see D below).

D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

____ No, skip to 1.3

_X_ Yes, what is the new baseline? **28,000 uninsured children below 200% FPL**

What are the data source(s) and methodology used to make this estimate? **No change in methodology, but estimate was revised based on the West Virginia sub-samples of 1999 and 2000 CPS data.**

What was the justification for adopting a different methodology? **N/A**

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.) **WV does not believe that census-based figures are that reliable because of the sample extrapolation methodology; they are particularly not meaningful at a county level, making it difficult for the state**

to target its outreach efforts. In the first quarter of 2002, WV will have the results of a statewide survey designed and overseen by the WV Center for HealthCare Policy and Research at the WVU Robert C. Byrd Sciences Center. This survey includes a sample size large enough to provide reliable county-level data.

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children? **The original Lewin Group estimates of 1997 was 10,700 uninsured children below age 19, at 150% FPL. When WV CHIP had 16,145 children enrolled at 150% FPL on 9/30/2001, we were at 150% of this original baseline.**

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2: List the performance goals for each strategic objective.
Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator and denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3*.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		
Expand Medicaid program eligibility to uninsured children ages 1-5 with incomes equal to or less than 150% FPL.	The WV Medicaid Agency will continue to offer Medicaid to all eligible children under Phase I expansion.	As of October 1, 2000, all Phase I children were enrolled under WV CHIP.

Objectives Related to SCHIP Enrollment		
Children eligible for the WV Title XXI program will be identified through ongoing and new outreach activities.	New outreach efforts will be implemented.	Data Sources: WV Medicaid internal outreach data/WV Healthy Kids Coalition/WV Primary Care Outreach Project Progress Summary: • WVHKC funding for 17 outreach workers was supplemented by WVCHIP enabling it to provide an outreach presence in all 55 counties. • WV Primary Care Outreach Project resulted in an additional 1000 children enrolled (539 in CHIP and 452 in Medicaid). • New call center agent offers easier enrollment by telephone, expanded services, improved responsiveness, preprinting of application and re-enrollment forms.
Objectives Related to Increasing Medicaid Enrollment		
Uninsured children who have income equal to or less than 150% of the FPL will have health insurance coverage.	•Use of the joint application for Medicaid and CHIP will result in a decrease in the number of uninsured children. •WV Medicaid implemented 12-month continuous eligibility on 5/1/2001. Enrollment of children in Medicaid increased by 7,348 or 5.2% in the last quarter of FFY 2001. (HCFA64EC)	Data Sources: Progress Summary: As of September 30, 2001, eight thousand, seven hundred ninety (8,790) children were enrolled in Medicaid through the use of a joint application, since the Program's inception.
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
Children who are enrolled in WV's Title XXI program will have accessible health care.	Goals: Beginning July 1, 1998, all children who are potentially eligible, will have a system of primary care providers available for immediate access.	Data Sources: Internal reporting of Acordia National, TPA and WV CHIP Consumer Survey 2001. Progress Summary: WV CHIP Consumer Survey indicated access to dental providers might be an issue.
Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
CHIP will result in improved health of children enrolled.	Goals: Over time, children in the program will show an increase in access and usage of health care services.	Data Sources: WV CHIP Consumer Survey 2001 Methodology: In May 2001, a survey of 13,500 members was conducted to evaluate access issues, use of preventive, and dental services. The survey response rate was 35% or 4,473 surveys. Progress Summary: Survey responses indicated: •45% report scheduling their child for an annual exam every year •64% stated that their child saw a physician for preventive reasons only. •55% reported their child had made a dental visit and 62% of dental visits were for check-ups and cleaning only.

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.
WV CHIP must develop standardized reports for more meaningful measures of service utilization and preventive care.

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives. **NA**

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available. **More performance measures and indicators will be developed in 2002 and data available by calendar year end.**

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.
Please see attached documents: WV CHIP Consumer Survey 2001, Summary of Responses, WV CHIP Prevention Brochure "Gotcha Covered".

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out. **N/A**

B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)? **N/A**

_____Number of adults
_____Number of children

C. How do you monitor cost-effectiveness of family coverage? **N/A**

2.2 Employer-sponsored insurance buy-in:

A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s). **N/A**

B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001? **N/A**

_____Number of adults
_____Number of children

2.3 Crowd-out:

A. How do you define crowd-out in your SCHIP program?
Having private insurance coverage within 6 months of CHIP enrollment.

B. How do you monitor and measure whether crowd-out is occurring?
Have not been able to effectively measure, but does not appear any significant amount is occurring.

C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation. **None available.**

D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information. **No data available.**

2.4 Outreach:

A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?
Weekly surveys of applicants and callers to the CHIP call centers. These have shown: 1) television advertising; 2) school lunch program (educational outreach); and 3) word-of-mouth from friends and family have been most effective in August through September 2001.

B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness? **The WV Healthy Kids Coalition provides a forum for a consortium of over 100 groups to share ideas about outreach and improving access to health care for WV Children. The Coalition sponsors outreach workers funded through private grants and coordinates activities with other groups, such as the Family Resource Networks, AmeriCorps and other advocates. There is no "one-size, fits all" approach. Rather, the community-based workers develop an approach which fits their area. This involves working with schools, physicians, employers, and other groups at the local level. West Virginia's enrollment progress ranks 10th in the nation based on CMS's September 2000 state data. WV CHIP believes that WVHKC is the key to success in much of our community-based approach, especially in targeting rural populations.**

C. Which methods best reached which populations? How have you measured effectiveness? **Please see Answer to B, above.**

2.5 Retention:

A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP? **WV CHIP implemented 12-month continuous eligibility October 16, 2000, and WV Medicaid implemented 12-month continuous eligibility on May 1, 2001.**

B. What special measures are being taken to reenroll children in SCHIP who disenroll but are still eligible?

_X_ Follow-up by **call center telephone call**
_X_ Renewal reminder notices to all families**; an additional consumer-friendly prompt letter and expanded renewal notice period, and follow-up telephone contact with non-respondents as needed.**
___ Targeted mailing to selected populations, specify population
___ Information campaigns
_X_ Simplification of re-enrollment process, please describe. **Renewal notice period has been changed to 60 days prior to redetermination. Assistance with filling out the application through the toll-free helpline and printing of responses with application being mailed to applicant.**
_X_ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe: **some telephone surveys through call centers**
___ Other, please explain:

C. Are the same measures being used in Medicaid as well? If not, please describe the differences. **WV Medicaid is working to expand its renewal period also and will be revising its notices to a more consumer-friendly and less bureaucratic format.**

D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled? **In the WV redetermination statistics, we found a misleading reporting anomaly concerning the number of cases closed at the redetermination date due to non-completion of the re-enrollment process (i.e. no response, failure to provide income verification or other information required to complete redetermination); however, when DHHR workers were asked to submit their numbers for reporting just following the month-ending instead of a week prior to, when many completed applications were received/or pended cases resolved in the last week of the month, then the WV redetermination rate, which had averaged about 50% for closure due to no response received or failure to complete a pending re-enrollment, dropped to 24%. In subsequent months, with both the new consumer-friendly prompt letter from the call center and the change in date of reporting, this figure has dropped to nearly zero after 3 months. (Source: WVDHHR OFS – 4 monthly WV CHIP Redetermination Report)**

E. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured)? Describe the data source and method used to derive this information.
We do not currently have data on this, but will develop a report in the next 6 months.

2.6 Coordination between SCHIP and Medicaid:

A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.
Yes, a common application is used. Workers in the local offices of the Department of Health and Human Services review the mail-in application and also interview applicants. They screen all applications for Medicaid eligibility and then determine eligibility for CHIP. No face-to-face interview is required to apply for either Medicaid or WV CHIP, nor is an asset test required. Income must be verified to be eligible for either program. Beginning October 2001, WV CHIP is now issuing a prompt (reminder) letter to all CHIP enrollees 60 days prior to the end of the one-year (12-month continuous) eligibility period instead of the previous 35 days at which the re-enrollment form is mailed.
No, a separate form is used for the redetermination process: WV CHIP and WV Medicaid have committed to developing a common redetermination form in the future.

B. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes. **When status changes, a letter is sent out letting the enrollee know that they are eligible for another insurance plan and that they can elect to change or stay under existing coverage for the remainder of the 12-month period. Upon receipt of the letter indicating the enrollee's wishes to change, the integrated eligibility system is updated and the change is communicated to the third-party administrators.**

C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.
WV CHIP reimburses any willing provider. Most physician providers who accept the insurance coverage provided by the West Virginia Public Employees Insurance Agency also accept WV CHIP. Medicaid offers managed care as an option in certain locations, while WV CHIP is an FFS program. Recent changes in physician malpractice coverage made it necessary for WV to create its own malpractice risk pool. A requirement for physicians in this pool is that they accept WV CHIP, Medicaid and PEIA.

2.7 Cost Sharing:

A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **N/A**

B. Has your State undertaken any assessment of the effects of cost sharing on utilization of health service under SCHIP? If so, what have you found?
Since October 2000, those families who are at FPL 151% to 200% incur a co-pay. Since this expansion, we have enrolled 5,374 children in our co-pay group.

2.8 Assessment and Monitoring of Quality of Care:

A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.
The WV CHIP Consumer Survey resulted in 2,593 written comments on a total of 4,743 returned surveys from a mailing to over 13,000 households. Responses were made to an open-ended section soliciting their suggestions or concerns about the Program. Only a small number indicated that co-pays were impacting utilization or an issue in any way.

B. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?
Since Phase 3 expansion to 200% was implemented this past year, and since we operate a fee-for-service program, we have not assessed the effects in detail to date; we did obtain self-reported measures of preventive and dental services through our consumer survey (see attached survey summary).

C. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?
None-other than data from WV Consumer Satisfaction Survey 2001. (See Table 1.3 "Objectives Preventive Related to Care….").
We plan to develop reports for quality of care measures and to provide more sufficient data in the coming year.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible. *
Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

A. *Eligibility:
Expanded eligibility from 150% FPL to 200% FPL income limit effective 10-16-2000.

B. *Outreach :

- **More aggressive outreach through radio and television advertising.**
- **WVHKC now has 3 additional outreach coordinators (2 funded by WVCHIP) for a total of 17 coordinators who provide coverage for all 55 WV counties.**
- **WV Medicaid Primary Care Project conducted by trained outreach workers at 35 primary care centers has enrolled an additional 991 children into CHIP and Medicaid between April and September 2001.**
- **WV CHIP's new call center agent provides additional outreach in WV communities to potential applicants and providers through the use of regional field representatives.**
- **More public visibility through community events and promotion by Governor Wise during his community visits.**

C. *Enrollment:

- **Active enrollment increased by 78% from 12,023 children enrolled on 10-1-2000 to 21, 435 children enrolled on 9-30-2001. The total number of <u>all</u> children ever enrolled in WV CHIP for this period was 33,144.**
- **WV Medicaid and WV CHIP combined covered 189,036 children at some time during FFY 2001which is an estimated 93% of the eligible population below 200% (according to US Census figures).**

D. *Retention/disenrollment:

- **Expanded re-enrollment period from 45 to 60 days and developed additional consumer-friendly prompt letter issued by call center.**
- **Decreased the percentage of non-responses/non-completions of re-enrollment to near zero.**
- **WV Medicaid is in the process of extending its re-enrollment period also.**

E. Benefit structure: **N/C**

F. *Cost-sharing: **Co-payments required for families above 150% FPL effective 10-16-2000.**

G. Delivery system: **N/C**

H. *Coordination with other programs**:**

•Regularly scheduled monthly meetings with Medicaid policy and eligibility system staff.
•WV Medicaid began continuous 12-month coverage that was a significant step for beginning to integrate the two programs.
•Close support and coordination with the West Virginia Office of Maternal ,Child and Family Health, particularly in maternity and prenatal coverage (which WV CHIP does not cover). WV CHIP will enter into a formal agreement with WV OMCFH in the first quarter of 2002 to achieve closer coordination and collaboration.

I. Crowd-out: **N/C**

I. Other: **WV CHIP Back to School prevention campaign. WV CHIP conducted a prevention campaign from July 1, through September 30, 2001 during which it sought to:**

1) **educate CHIP families concerning the preventive coverage benefits available,**
2) **due to the phase-in of an eligibility group with co-pays this year, educate providers concerning the no co-pay requirement for prevention services, and**
3) **through a temporary rate increase of 25%, incentivize providers to see more children in the lower utilization summer months for preventive services prior to the beginning school year start-up;**
4) **assist children who had been affected by flood losses to be school-ready.**

The campaign included:
1) Development of a prevention brochure summarizing preventive services which was subsequently mailed to all CHIP households.
2) A mailing to all physician, dental and vision service providers concerning the campaign identifying the services involved; the preventive rate increase and the effective period for the incentive rate.
3) Waiving of service limits to allow children in flood affected counties to receive replacement eyeglasses lenses or frames even if they had previously received them in the past year.

WV CHIP will do a final evaluation of the campaign results in the first quarter 2002.

*** Please see Section 1 of this report for greater detail on each of these respective sections.**

SECTION 4: PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 **Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002-projected budget. Please describe in narrative any details of your planned use of funds.**

N*ote: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).*

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments			
Managed care			
Per member/per month rate X # of eligibles			
Fee for Service	19,441,549	32,198,299	35,628,980
Total Benefit Costs	19,441,549	32,198,299	35,628,980
(Offsetting beneficiary cost sharing payments)	1,309,679	3,174,409	3,174,409
Net Benefit Costs	18,131,870	29,023,891	32,454,572
Administration Costs			
Personnel	200,000	210,000	220,500
General administration	63,000	66,150	69,458
Contractors/Brokers (e.g., enrollment contractors)	720,000	756,000	793,800
Claims Processing	1,336,000	1,515,150	1,527,908
Outreach/marketing costs	600,000	200,000	--
Other	200,000		
Total Administration Costs	3,119,000	2,747,300	2,611,666
10% Administrative Cost Ceiling	2,125,087	3,177,119	3,506,624
Federal Share (multiplied by enhanced FMAP rate)	82.74	82.74	82.74
State Share	4,748,330	5,483,708	6,052,433
TOTAL PROGRAM COSTS	21,250,870	31,771,191	35,066,238

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001.
N/A

4.3 What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?
X State appropriations **($4.75 million)**
_____ County/local funds
_____ Employer contributions
X Foundation grants **(About $300,000 total: $200,000 Robert Wood Johnson Foundation and $150,000 from Claude Worthington Benedum Foundation to the West Virginia Healthy Kids Coalition {WVHKC})**
_____ Private donations (such as United Way, sponsorship)
_____ Other (specify)

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.
No.

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	**Medicaid Expansion SCHIP program**	**Separate SCHIP program**
Program Name	Medicaid Expansion Phased Out September 30, 2000	**West Virginia Children's Health Insurance Program (WV CHIP)**
Provides presumptive eligibility for children	_____No **N/A** _____Yes, for whom and how long?	__**X**__No _____Yes, for whom and how long?
Provides retroactive eligibility	_____No **N/A** _____Yes, for whom and how long?	_____No __**X**__Yes, for whom and how long? **For all – from 1st day of month of application**.
Makes eligibility determination	_____State Medicaid eligibility staff **N/A** _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)*	__**X**__State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)*
Average length of stay on program	Specify months **N/A**	Specify months **5.9**
Has joint application for Medicaid and SCHIP	_____No **N/A** _____Yes	_____No __**X**__Yes
Has a mail-in application	_____No **N/A** _____Yes	_____No __**X**__Yes
Can apply for program over phone	_____No **N/A** _____Yes	_____No __**X**__Yes **Effective 9/1/01**
Can apply for program over internet	_____No **N/A** _____Yes	__**X**__No **Application available on-line** _____Yes (can be downloaded and printed)
Requires face-to-face interview during initial application	_____No **N/A** _____Yes	__**X**__No _____Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	_____No **N/A** _____Yes, specify number of months What exemptions do you provide?	_____No __**X**__Yes, specify number of months **6 months** What exemptions do you provide? •**Exempted by lay-off or when employer drops/changes health coverage.** •**Exempted when insurance premium for family coverage exceeds 10% of family gross income.**

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Provides period of continuous coverage regardless of income changes	_____No **N/A** _____ Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period	_____No __**X**__Yes, specify number of months **12** Explain circumstances when a child would lose eligibility during the time period. **Moving out of state** **Voluntary selection of Medicaid coverage**
Imposes premiums or enrollment fees	____No **N/A** _____Yes, how much? Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)	__**X**__No _____Yes, how much? Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)
Imposes co-payments or coinsurance	_____No **N/A** _____Yes	_____No __**X**__Yes at 151% - 200% only
Provides preprinted redetermination process	_____No **N/A** _____Yes, we send out form to family with their information precompleted and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed	__**X**__ No _____ Yes, we send out form to family with their information and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

No difference except that:

- **Greater assistance is now more readily available through the new call center agent that will preprint applicant's responses and generate completed applications and re-enrollment applications, ready for signature.**
- **Improved responsiveness to applicants wishing to check status of application is now offered through the call center that has viewing access to the WVDHHR eligibility system.**

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 **As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group?** If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or
Section 1931-whichever category is higher

150% of FPL for children under age **1**
133% of FPL for children aged **1 - 5**
100% of FPL for children aged **6 - 18**

Medicaid SCHIP Expansion

____% of FPL for children aged __N/A_____
____% of FPL for children aged _____
____% of FPL for children aged _____

Separate SCHIP Program

200% of FPL for children aged **1 - 18**
150-200% of FPL for children aged **newborn – 1 yr**.
____% of FPL for children aged_____

6.2 **As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income?** *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)
____ Yes **X** No

If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	$90	$	$90
Self-employment expenses	$	$	$
Alimony payments Received	$	$	$
Paid	$50	$	$50
Child support payments Received	$	$	$
Paid	$	$	$
Child care expenses	$200 under 2 $175 over 2	$	$200 under 2 $175 over 2
Medical care expenses	$	$	$
Gifts	$	$	$
Other types of disregards/deductions (specify)	$	$	$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

X** No___Yes, specify countable or allowable level of asset test_____No asset test for qualifying child. However, there is an asset test for AFDC-related Medicaid, and SSI-related Medicaid.**

Medicaid SCHIP Expansion program

N/A No___Yes, specify countable or allowable level of asset test_____

Separate SCHIP program

X No___Yes, specify countable or allowable level of asset test_____

Other SCHIP program_____

X No___Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2001?

___ Yes **X** No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001 (10/1/00 through 9/30/01)? Please comment on why the changes are planned.

A. Family coverage
NC

B. Employer sponsored insurance buy-in
NC

C. 1115 waiver
NC

D. Eligibility including presumptive and continuous eligibility
Possible expansion to 250% FPL and presumptive eligibility.

E. Outreach
NC

F. Enrollment/redetermination process
Redetermination notice process recently expanded. Initial redetermination notice from 35 days prior to eligibility termination date to 60 days. Effective for all redeterminations beginning in November 2001.

G. Contracting
NC

H. Other:
- **Increased integration between the WV CHIP and WV Medicaid. One example: the programs have a task group working on the development of a single card.**
- **Formal agreement and increased coordination/integration with WV OMCFH.**